

EMT INITIAL CERTIFICATION APPLICATION LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY



APPLICATION – PRINT IN INK OR TYPE Enclose a self-addressed, stamped envelope

Certification Fee - \$160*

Check One:

□ Initial Certification in CA

Mail application and required documents to:

Los Angeles County EMS Agency

Office of Certification

10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA 90670

* The non-refundable fee must accompany this application. Check or Money Order made payable to "Los Angeles County DHS." The County charge will be imposed on all checks returned for non-sufficient funds. Do not send cash.
PERSONAL INFORMATION
Legal Name
Last First M.I.
Address Birth Date
(Home) City State Zip Code
Phone e-mail
EMPLOYER
I am currently employed as an EMT □ Yes □ No If yes, complete company and contact information below
Company Contact Phone
NOTE: Change of name, contact information, and/or employer must be submitted in writing to the EMS Agency within 30 days of change
REQUIREMENTS - All documents must be current and applicant shall provide front and back copies of all documents
□ Course Completion Certificate Must have completed within the past 24 months at time of application
□ NREMT Card
□ BLS for the Healthcare Provider Card BLS must be valid for a minimum of 3 months after certification date. Online programs are NOT accepted.
□ LA County EMT Scope of Practice Certificate
☐ Government Issued Identification Driver License, Passport, or California I.D.
□ Live Scan
Additional Requirements – Out of State Reciprocity Have you applied for EMT certification
□ State Certification elsewhere in CA in last 12 mos? (If yes, list locations) □ Yes□ No
□ NREMT Written Exam Pass Letter
BACKGROUND DISCLOSURE – Disclose if you have applied for EMT certification elsewhere in last 12 months
Have you ever been arrested or convicted of any felony or misdemeanor offense in California or in any other
state or place, including entering a plea of nolo contendere (no contest) or any conviction which has been
sealed or expunged (set aside) under Penal Code Section 1203.4?
▶ Are there any criminal charges pending against you? □ Yes □ No
If you answered yes to either of the above questions, attach a detailed written statement, signed and dated, describing the crime(s),
date, location, court, sentence served, and parole, if any. Attach copies of all related records, court documents and police reports.
► Have you <u>ever</u> had a certification, accreditation, or professional healing arts license denied, suspended,
revoked, or placed on probation, or are you under investigation at this time?
If you answered yes, attach a detailed written statement, signed and dated, describing the investigation, action, any corrective action,
and/or remediation as a result of the action.
I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belie
and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to EMT certification in
the State of California. I understand all information on this application is subject to verification and I hereby give my express permissio for Los Angeles County EMS Agency to contact any person or agency for information related to my application or role and function as
an EMT in California.
Signature Date
Signature Date DO NOT WRITE BELOW THIS LINE
Signature Date
Signature Date DO NOT WRITE BELOW THIS LINE (For EMS Agency Use Only)
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Date Do Not Write Below This Line File Report Status Certification Status Certification Status Application Complete Course Completion NREMT Card NREMT Card BLS for HCP LA County EMT Scope Date / / Written Statement Written Statement Written Statement Effective Date / /
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